

**B**

**MULTIPLE DEFENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 107071040 FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2				/			52						
3				/			53						
4				/			54						
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42							92						
43							93						
44							94						
45													
46													
47													
48													
49													
50													
TOTAL IND.	4		3				TOTAL IND.						
TOTAL DEP.	24		24				TOTAL DEP.						
TOTAL CLAIMS	28		27				TOTAL CLAIMS						